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(54) **SYSTEMS FOR ASSESSING FRACTIONAL FLOW RESERVE**

SYSTEME ZUR BEWERTUNG DER TEILSTROMRESERVE

SYSTÈMES D'ÉVALUATION DE RÉSERVE DE FLUX FRACTIONNAIRE

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## Description

### Cross-Reference To Related Applications

**[0001]** This application claims the benefit of priority under 35 U.S.C. §119 to U.S. Provisional Application Serial No. 62/541,069, filed August 2017.

### Technical Field

**[0002]** The present disclosure pertains to medical devices, and methods for using medical devices. More particularly, the present disclosure pertains to methods for assessing fractional flow reserve.

### Background

**[0003]** A wide variety of intracorporeal medical devices have been developed for medical use, for example, intravascular use. Some of these devices include guidewires, catheters, and the like. These devices are manufactured by any one of a variety of different manufacturing methods and may be used according to any one of a variety of methods. Of the known medical devices and methods, each has certain advantages and disadvantages. There is an ongoing need to provide alternative medical devices as well as alternative methods for manufacturing and using medical devices.

**[0004]** US 2015/230713 A1 discloses devices, systems, and methods for visually depicting a vessel and evaluating treatment options. The methods can include obtaining pressure measurements from first and second instruments positioned within a vessel of a patient while the second instrument is moved longitudinally through the vessel from a first position to a second position and the first instrument remains stationary within the vessel; and outputting a visual representation of the pressure measurements obtained by the first and second instruments on a display, the output visual representation including a graphical display of a pressure ratio of the obtained pressure measurements and at least a portion of a pressure waveform of the obtained pressure measurements identifying a diagnostic period utilized in calculating the pressure ratio.

### Brief Summary

**[0005]** This disclosure provides design, material, manufacturing methods, and use alternatives for medical devices. A medical device according to the invention includes a system for determining fractional flow reserve. The system comprises: a pressure sensing guidewire for measuring a first pressure; a second pressure sensing medical device for measuring a second pressure; a processor coupled to the pressure sensing guidewire and coupled to the second pressure sensing medical device; wherein the processor is designed to: generate a plot of the magnitude of the second pressure over time, identify

one or more time intervals of the plot that have a slope less than zero, determine a mean of the second pressure, and calculate the ratio of the first pressure to the second pressure when (a) the second pressure is less than or equal to the mean of the second pressure and (b) during the one or more time intervals when the slope of the plot is less than zero.

**[0006]** Alternatively or additionally to any of the embodiments above, the pressure sensing guidewire includes an optical pressure sensor.

**[0007]** Alternatively or additionally to any of the embodiments above, the pressure sensing guidewire includes a tubular member having a proximal region with a first inner diameter and a distal region with a second inner diameter different from the first inner diameter.

**[0008]** Alternatively or additionally to any of the embodiments above, the second pressure sensing medical device includes a catheter with a pressure sensor.

**[0009]** Alternatively or additionally to any of the embodiments above, the first pressure, the second pressure, or both are wirelessly transmitted to the processor.

**[0010]** Alternatively or additionally to any of the embodiments above, the pressure sensing guidewire is designed to be disposed distal of an intravascular lesion.

**[0011]** Alternatively or additionally to any of the embodiments above, the second pressure sensing medical device is designed to be disposed proximal of an intravascular lesion.

**[0012]** Alternatively or additionally to any of the embodiments above, the processor is designed to calculate the ratio of the first pressure to the second pressure in the absence of a hyperemic agent.

**[0013]** Alternatively or additionally to any of the embodiments above, the processor is coupled to a display.

**[0014]** Alternatively or additionally to any of the embodiments above, the display is designed to display the plot.

**[0015]** Alternatively or additionally to any of the embodiments above the first pressure is a distal pressure at a location distal of a lesion and the second pressure sensing medical device is a pressure sensing catheter and the second pressure is an aortic pressure.

**[0016]** Alternatively or additionally to any of the embodiments above, the processor is designed to scale the mean aortic pressure by a scaling factor in the range of 0.75 to 1.25.

**[0017]** Alternatively or additionally to any of the embodiments above, the processor is designed to reject time intervals when the aortic pressure is less than a pressure lower bound.

**[0018]** According to an example not covered by the claimed invention, a method for determining fractional flow reserve is disclosed. The method comprises: disposing a pressure sensing guidewire distal of an intravascular lesion; measuring a distal pressure with the pressure sensing guidewire; disposing a pressure sensing catheter in a vascular region; measuring an aortic pressure with the pressure sensing catheter; wherein a

processor is coupled to the pressure sensing guidewire and coupled to the pressure sensing catheter; wherein the processor is designed to: generate a plot of the magnitude of the aortic pressure over time, identify one or more time intervals of the plot that have a slope less than zero, and determine a mean of the aortic pressure; and calculating a ratio of the distal pressure to the aortic pressure when (a) the aortic pressure is less than or equal to the mean of the aortic pressure (b) during the one or more time intervals when the slope of the plot is less than zero.

**[0019]** Alternatively or additionally to any of the example above, measuring a distal pressure with the pressure sensing guidewire includes measuring the distal pressure in the absence of a hyperemic agent, wherein measuring an aortic pressure with the pressure sensing catheter includes measuring the aortic pressure in the absence of a hyperemic agent, or both.

**[0020]** Alternatively or additionally to any of the examples above, calculating a ratio of the distal pressure to the aortic pressure includes calculating the ratio of the distal pressure to the aortic pressure in the absence of a hyperemic agent.

**[0021]** The above summary of some embodiments is not intended to describe each disclosed embodiment or every implementation of the present disclosure. The Figures, and Detailed Description, which follow, more particularly exemplify these embodiments.

#### Brief Description of the Drawings

**[0022]** The disclosure may be more completely understood in consideration of the following detailed description in connection with the accompanying drawings, in which:

FIG. 1 schematically illustrates an example system for assessing fractional flow reserve.

FIG. 2 graphically depicts blood pressure values over time.

FIG. 3 is a partial cross-sectional side view of a portion of an example medical device.

**[0023]** While the disclosure is amenable to various modifications and alternative forms, specifics thereof have been shown by way of example in the drawings and will be described in detail. It should be understood, however, that the intention is not to limit the invention to the particular embodiments described. The invention is defined by the claims.

#### Detailed Description

**[0024]** For the following defined terms, these definitions shall be applied, unless a different definition is given in the claims or elsewhere in this specification.

**[0025]** All numeric values are herein assumed to be modified by the term "about", whether or not explicitly

indicated. The term "about" generally refers to a range of numbers that one of skill in the art would consider equivalent to the recited value (e.g., having the same function or result). In many instances, the terms "about" may include numbers that are rounded to the nearest significant figure.

**[0026]** The recitation of numerical ranges by endpoints includes all numbers within that range (e.g. 1 to 5 includes 1, 1.5, 2, 2.75, 3, 3.80, 4, and 5).

**[0027]** As used in this specification and the appended claims, the singular forms "a", "an", and "the" include plural referents unless the content clearly dictates otherwise. As used in this specification and the appended claims, the term "or" is generally employed in its sense including "and/or" unless the content clearly dictates otherwise.

**[0028]** It is noted that references in the specification to "an embodiment", "some embodiments", "other embodiments", etc., indicate that the embodiment described may include one or more particular features, structures, and/or characteristics. However, such recitations do not necessarily mean that all embodiments include the particular features, structures, and/or characteristics. Additionally, when particular features, structures, and/or characteristics are described in connection with one embodiment, it should be understood that such features, structures, and/or characteristics may also be used connection with other embodiments whether or not explicitly described unless clearly stated to the contrary.

**[0029]** The following detailed description should be read with reference to the drawings in which similar elements in different drawings are numbered the same. The drawings, which are not necessarily to scale, depict illustrative embodiments and are not intended to limit the scope of the invention.

**[0030]** During some medical interventions, it may be desirable to measure and/or monitor the blood pressure within a blood vessel. For example, some medical devices may include pressure sensors that allow a clinician to monitor blood pressure. Such devices may be useful in determining fractional flow reserve (FFR), which may be understood as a ratio of the pressure after, or distal, of a stenosis (e.g., the distal pressure,  $P_d$ ) relative to the pressure before the stenosis and/or the aortic pressure (e.g., the aortic pressure,  $P_a$ ). In other words, FFR may be understood as  $P_d/P_a$ .

**[0031]** An example system 100 for assessing/determining FFR is schematically represented in FIG. 1. The system 100 may include a first pressure sensing medical device 10. According to the invention, the first pressure sensing medical device 10 takes the form of a pressure sensing guidewire 10. Some additional detail regarding the form of the guidewire 10, provided as an example, is disclosed herein. In other instances, the first pressure sensing medical device 10 may be a catheter or other type of pressure sensing medical device. The pressure sensing guidewire 10 may be utilized to measure blood pressure distal of an intravascular stenosis, e.g., the dis-

tal pressure  $P_d$ . The first pressure sensing medical device 10 may be coupled to a linking device 70. In some instances, this may include directly attaching the first pressure sensing medical device 10 to the linking device 70. In other instances, another structure such as a connector cable (not shown) may be used to couple the first pressure sensing medical device 10 to the linking device 70. When the first pressure sensing medical device 10 is coupled to the linking device 70, a first pressure data 72 may be communicated between the first pressure sensing medical device 10 and the linking device 70. It is noted that in FIG. 1, a line is drawn between the first pressure sensing medical device 10 and the linking device 70 to represent the coupling of the first pressure sensing medical device 10 and the linking device 70. In addition the line between the first pressure sensing medical device 10 and the linking device 70 is labeled with reference number 72 in order to represent the transmission of the first pressure data 72 (and/or the first pressure data 72 itself). In at least some instances, the first pressure data 72 is the distal pressure  $P_d$ .

**[0032]** The system 100 also includes a second pressure sensing medical device 74. In at least some instances, the second pressure sensing medical device 74 may take the form of a pressure sensing catheter. However, other devices are contemplated including pressure sensing guidewires or other devices. The second pressure sensing medical device 74 may be utilized to measure blood pressure proximal of an intravascular stenosis and/or the aortic pressure, e.g., the aortic pressure  $P_a$ . The second pressure sensing medical device 74 may also be coupled to the linking device 70 and may communicate a second pressure data 76 between the second pressure sensing medical device 74 and the linking device 70. It is noted that in FIG. 1, a line is drawn between the second pressure sensing medical device 74 and the linking device 70 to represent the coupling of the second pressure sensing medical device 74 and the linking device 70. In addition the line between the second pressure sensing medical device 74 and the linking device 70 is labeled with reference number 76 in order to represent the transmission of the second pressure data 76 (and/or the second pressure data 76 itself). In at least some instances, the second pressure data 76 is the aortic pressure  $P_a$ .

**[0033]** In some instances, the linking device 70 may communicate with a hemodynamic system 78 (e.g., a hemodynamic display system 78). When doing so, data representative of the distal pressure  $P_d$  (represented by reference number 80) may be communicated to the hemodynamic system 78 and data representative of the aortic pressure  $P_a$  (represented by reference number 82) may be communicated to the hemodynamic system 78. In some instances, both connections between the linking device 70 and the hemodynamic system 78 (e.g., for communicating  $P_d$  and  $P_a$ ) may be wired connections. In other instances, one or both of the connections may be wireless connections. In still other instances, both  $P_d$

and  $P_a$  may be communicated along a single wired connection.

**[0034]** In some instances, the linking device 70 may also communicate with a processing and/or display system 84. When doing so, data representative of the distal pressure  $P_d$  and data representative of the aortic pressure  $P_a$  (both the distal pressure  $P_d$  and the aortic pressure  $P_a$  data are represented by reference number 86 in FIG. 1) may be communicated to the processing and/or display system 84. In at least some instances,  $P_d$  and  $P_a$  may be communicated between the linking device 70 and the processing and/or display system 84 using a wireless connection. In other instances, one or both of  $P_d$  and  $P_a$  may be communicated between the linking device 70 and the processing and/or display system 84 with a wired connection.

**[0035]** The processing and/or display system 84 may include a processor 88. The processor 88 may be an integrated component of the processing and/or display system 84 (e.g., the processor 88 may be disposed within the same housing as the processing and/or display system 84) or the processor 88 may be separate component of the processing and/or display system 84 and coupled therewith. The processor 88 may be coupled to the first pressure sensing medical device 10 and coupled to the second pressure sensing medical device 74 such that pressure measurements (e.g.,  $P_d$  and  $P_a$ ) may be received by the processor 88 from the first pressure sensing medical device 10 and the second pressure sensing medical device 74. The processor 88 may be designed to and/or otherwise be capable of performing a number of calculations, executing instructions, etc. For example, the processor may be designed to calculate/determine the mean distal pressure  $P_d$  (e.g., as measured by the first pressure sensing medical device 10 over one or more cardiac cycles), calculate/determine the mean aortic pressure  $P_a$  (e.g., as measured by the second pressure sensing medical device 74 over one or more cardiac cycles), plot the distal pressure  $P_d$  and/or the aortic pressure  $P_a$  over time, calculate/determine the slope of the plot of the distal pressure  $P_d$  and/or the slope of the plot of the aortic pressure  $P_a$  (e.g., at various points along the plot), or the like. A display 90 may be coupled to or otherwise integrated with the processing and/or display system 84. The display 90 may display various data received from first pressure sensing medical device 10 and the second pressure sensing medical device 74, plots of the pressure data as generated by the processor 80, etc.

**[0036]** When determining FFR, it may be desirable to measure a change or drop in pressure across a stenosis while under a maximum flow condition (e.g., hyperemia). Thus, a number of interventions that are performed to assess FFR include the administration of hyperemic agents such as adenosine to cause maximum flow conditions. For a number of reasons (e.g., patient comfort, extended procedure time, technical challenges associated with mixing adenosine for intravascular administration, cost, etc.), it may be desirable to reduce the use of

hyperemic agents. Pressure measurements performed under a resting condition conduction are typically referred as resting indices. An example of such a measurement is resting  $P_d/P_a$  in which the ratio is computed with data from the whole cardiac cycle. Disclosed herein are methods for assessing/determining FFR that can be performed in the absence of hyperemic agents including adenosine.

**[0037]** The maximum coronary flow occurs during the diastolic period of the cardiac cycle. Therefore, measurements of  $P_d$  and  $P_a$  during a diastolic period may provide a ratio closer to FFR (e.g., a better approximation of FFR) than that obtained from the whole cardiac cycle. In addition to resting  $P_d/P_a$ , some methods for assessing FFR may include computing  $P_d$  and  $P_a$  during time windows from the diastolic period. For example, some interventions such as instantaneous wave-free ratio and/or iFR™ may attempt to measure FFR during diastole. Such methods may require accurate measurement of waveform timing and/or synchronization with an ECG, which may complicate the process for assessing/determining FFR. Disclosed herein are methods for assessing/determining FFR by monitoring  $P_d$  and  $P_a$  during specific windows during the diastolic period of the cardiac cycle. The methods for assessing/determining FFR disclosed herein are relatively straightforward to implement such that FFR can be assessed/determined in a timely manner that enhances the comfort for the patient and that does not require unnecessary additional processes and/or synchronization.

**[0038]** FIG. 2 graphically depicts pressure measurements over a number of cardiac cycles (e.g., one full cycle is depicted plus a portion of another cardiac cycle). In this example, a graphical depiction of  $P_d$  (e.g., as measured by the first pressure sensing medical device 10) and a graphical depiction of  $P_a$  (e.g., as measured by the second pressure sensing medical device 74) are shown over time. Also shown is the mean aortic pressure 92.

**[0039]** In order to assess/determine FFR, the processor 88 is utilized to perform a number of tasks including:

- optionally generating a plot of the magnitude of the distal pressure  $P_d$  (e.g., as measured by the first pressure sensing medical device 10 and as depicted in FIG. 2) over time,
- generating a plot of the magnitude of the aortic pressure  $P_a$  (e.g., as measured by the second pressure sensing medical device 74 and as depicted in FIG. 2) over time,
- identifying one or more time intervals of the plot of  $P_a$  where the slope of the plot is less than zero,
- calculating/determining the mean aortic pressure 92, and optionally one or more additional calculations, and/or combinations thereof.

**[0040]** According to the invention, regions of the cardiac cycle are identified where:

- (a)  $P_a$  is less than or equal to the mean aortic pressure 92, and
- (b) the slope  $P_a$  is less than zero.

5 **[0041]** In another example, regions of the cardiac cycle are identified where:

- (a)  $P_a$  is less than or equal to the mean aortic pressure 92 scaled by a scaling factor ranging from 0.5 to 1.5, or about 0.75 to 1.25, or about 0.95 to 1.05 (e.g., regions of the cardiac cycle are identified where  $P_a$  is less than or equal to the mean aortic pressure 92 multiplied by the scaling factor), and
- (b) the slope  $P_a$  is less than zero.

10 **[0042]** In another example, regions of the cardiac cycle are identified where:

- (a)  $P_a$  is less than or equal to the mean aortic pressure 92 is scaled by a scaling factor ranging from 0.5 to 1.5, or about 0.75 to 1.25, or about 0.95 to 1.05, and/or
- (b) the slope  $P_a$  is less than zero, and/or
- (c)  $P_a$  is higher than a pressure lower bound, which can be determined by one of the following methods:

- i) a fixed negative offset with a range of -10 mm-Hg - -100 mmHg from the mean aortic pressure 92,
- ii) a relative negative offset from the mean aortic pressure 92 as computed by 10% -100% of the mean aortic pressure 92, and/or
- iii) a fixed positive offset with a range of 10 mm-Hg - 100 mmHg from the minimum aortic pressure 95.

15 **[0043]** The mean aortic pressure 92 may be determined for each individual cardiac cycle or across a number of cardiac cycles. Time windows or regions that meet these criteria are believed to be during high flow periods (e.g., during the diastolic period) and are believed to be suitable for use in assessing/determining FFR. Thus, the system 100 can be utilized to assess/determine/calculate FFR during these periods in the absence of hyperemic agents and/or without the need for unnecessary additional processes and/or synchronization. In the graph shown in FIG. 2, three time regions 96a, 96b, 96c are defined that meet these criteria. It can be appreciated that in other plots/graphs, fewer or more time regions may be identified. The processor 88 is utilized to assess/determine/calculate FFR during these time regions 96a, 96b, 96c.

20 **[0044]** FIG. 3 illustrates a portion of the first pressure sensing medical device 10 that may be part of the system 100. In this example, the first pressure sensing medical device 10 is a blood pressure sensing guidewire 10. However, this is not intended to be limiting as other medical devices are contemplated including, for example, cath-

eters, shafts, leads, wires, or the like. The guidewire 10 may include a shaft or tubular member 12. The tubular member 12 may include a proximal region 14 and a distal region 16. The materials for the proximal region 14 and the distal region 16 may vary and may include those materials disclosed herein. For example, the distal region 16 may include a nickel-cobalt-chromium-molybdenum alloy (e.g., MP35-N). The proximal region 14 may be made from the same material as the distal region 16 or a different material such as stainless steel. These are just examples. Other materials are contemplated.

**[0045]** In some embodiments, the proximal region 14 and the distal region 16 are formed from the same monolith of material. In other words, the proximal region 14 and the distal region 16 are portions of the same tube defining the tubular member 12. In other embodiments, the proximal region 14 and the distal region 16 are separate tubular members that are joined together. For example, a section of the outer surface of the portions 14/16 may be removed and a sleeve 17 may be disposed over the removed sections to join the regions 14/16. Alternatively, the sleeve 17 may be simply disposed over the regions 14/16. Other bonds may also be used including welds, thermal bonds, adhesive bonds, or the like. If utilized, the sleeve 17 used to join the proximal region 14 with the distal region 16 may include a material that desirably bonds with both the proximal region 14 and the distal region 16. For example, the sleeve 17 may include a nickel-chromium-molybdenum alloy (e.g., INCONEL).

**[0046]** A plurality of slots 18 may be formed in the tubular member 12. In at least some embodiments, the slots 18 are formed in the distal region 16. In at least some embodiments, the proximal region 14 lacks slots 18. However, the proximal region 14 may include slots 18. The slots 18 may be desirable for a number of reasons. For example, the slots 18 may provide a desirable level of flexibility to the tubular member 12 (e.g., along the distal region 16) while also allowing suitable transmission of torque. The slots 18 may be arranged/distributed along the distal region 16 in a suitable manner. For example, the slots 18 may be arranged as opposing pairs of slots 18 that are distributed along the length of the distal region 16. In some embodiments, adjacent pairs of slots 18 may have a substantially constant spacing relative to one another. Alternatively, the spacing between adjacent pairs may vary. For example, more distal regions of the distal region 16 may have a decreased spacing (and/or increased slot density), which may provide increased flexibility. In other embodiments, more distal regions of the distal region 16 may have an increased spacing (and/or decreased slot density). These are just examples. Other arrangements are contemplated.

**[0047]** A pressure sensor 20 may be disposed within the tubular member 12 (e.g., within a lumen of tubular member 12). While the pressure sensor 20 is shown schematically in FIG. 3, it can be appreciated that the structural form and/or type of the pressure sensor 20 may

vary. For example, the pressure sensor 20 may include a semiconductor (e.g., silicon wafer) pressure sensor, piezoelectric pressure sensor, a fiber optic or optical pressure sensor, a Fabry-Perot type pressure sensor, an ultrasound transducer and/or ultrasound pressure sensor, a magnetic pressure sensor, a solid-state pressure sensor, or the like, or any other suitable pressure sensor.

**[0048]** As indicated above, the pressure sensor 20 may include an optical pressure sensor. In at least some of these embodiments, an optical fiber or fiber optic cable 24 (e.g., a multimode fiber optic) may be attached to the pressure sensor 20 and may extend proximally therefrom. The optical fiber 24 may include a central core 60 and an outer cladding 62. In some instances, a sealing member (not shown) may attach the optical fiber 24 to the tubular member 12. Such an attachment member may be circumferentially disposed about and attached to the optical fiber 24 and may be secured to the inner surface of the tubular member 12 (e.g., the distal region 16). In addition, a centering member 26 may also be bonded to the optical fiber 24. In at least some embodiments, the centering member 26 is proximally spaced from the pressure sensor 20. Other arrangements are contemplated. The centering member 26 may help reduce forces that may be exposed to the pressure sensor 20 during navigation of guidewire and/or during use.

**[0049]** In at least some embodiments, the distal region 16 may include a region with a thinned wall and/or an increased inner diameter that defines a sensor housing region 52. In general, the sensor housing region 52 is the region of distal region 16 that ultimately "houses" the pressure sensor 20. By virtue of having a portion of the inner wall of the tubular member 12 being removed at the sensor housing region 52, additional space may be created or otherwise defined that can accommodate the sensor 20. The sensor housing region 52 may include one or more openings such as one or more distal porthole openings 66 that provide fluid access to the pressure sensor 20.

**[0050]** A tip member 30 may be coupled to the distal region 16. The tip member 30 may include a core member 32 and a spring or coil member 34. A distal tip 36 may be attached to the core member 32 and/or the spring 34. In at least some embodiments, the distal tip 36 may take the form of a solder ball tip. The tip member 30 may be joined to the distal region 16 of the tubular member 12 with a bonding member 46 such as a weld.

**[0051]** The tubular member 12 may include an outer coating 19. In some embodiments, the coating 19 may extend along substantially the full length of the tubular member 12. In other embodiments, one or more discrete sections of the tubular member 12 may include the coating 19. The coating 19 may be a hydrophobic coating, a hydrophilic coating, or the like. The tubular member 12 may also include an inner coating 64 (e.g., a hydrophobic coating, a hydrophilic coating, or the like) disposed along an inner surface thereof. For example, the hydrophilic coating 64 may be disposed along the inner surface of

the housing region 52. In some of these and in other instances, the core member 32 may include a coating (e.g., a hydrophilic coating). For example, a proximal end region and/or a proximal end of the core member 32 may include the coating. In some of these and in other instances, the pressure sensor 20 may also include a coating (e.g., a hydrophilic coating).

**[0052]** The materials that can be used for the various components of the system 100 and/or the guidewire 10 may include those commonly associated with medical devices. For simplicity purposes, the following discussion makes reference to the tubular member 12 and other components of the guidewire 10. However, this is not intended to limit the devices and methods described herein, as the discussion may be applied to other tubular members and/or components of tubular members or devices disclosed herein.

**[0053]** The tubular member 12 and/or other components of the guidewire 10 may be made from a metal, metal alloy, polymer (some examples of which are disclosed below), a metal-polymer composite, ceramics, combinations thereof, and the like, or other suitable material. Some examples of suitable polymers may include polytetrafluoroethylene (PTFE), ethylene tetrafluoroethylene (ETFE), fluorinated ethylene propylene (FEP), polyoxymethylene (POM, for example, DELRIN<sup>®</sup> available from DuPont), polyether block ester, polyurethane (for example, Polyurethane 85A), polypropylene (PP), polyvinylchloride (PVC), polyether-ester (for example, ARNITEL<sup>®</sup> available from DSM Engineering Plastics), ether or ester based copolymers (for example, butylene/poly(alkylene ether) phthalate and/or other polyester elastomers such as HYTREL<sup>®</sup> available from DuPont), polyamide (for example, DURETHAN<sup>®</sup> available from Bayer or CRISTAMID<sup>®</sup> available from Elf Atochem), elastomeric polyamides, block polyamide/ethers, polyether block amide (PEBA, for example available under the trade name PEBAX<sup>®</sup>), ethylene vinyl acetate copolymers (EVA), silicones, polyethylene (PE), Marlex high-density polyethylene, Marlex low-density polyethylene, linear low density polyethylene (for example REXELL<sup>®</sup>), polyester, polybutylene terephthalate (PBT), polyethylene terephthalate (PET), polytrimethylene terephthalate, polyethylene naphthalate (PEN), polyetheretherketone (PEEK), polyimide (PI), polyetherimide (PEI), polyphenylene sulfide (PPS), polyphenylene oxide (PPO), polyparaphenylene terephthalamide (for example, KEVLAR<sup>®</sup>), polysulfone, nylon, nylon-12 (such as GRILAMID<sup>®</sup> available from EMS American Grilon), perfluoro(propyl vinyl ether) (PFA), ethylene vinyl alcohol, polyolefin, polystyrene, epoxy, polyvinylidene chloride (PVdC), poly(styrene-*b*-isobutylene-*b*-styrene) (for example, SIBS and/or SIBS 50A), polycarbonates, ionomers, biocompatible polymers, other suitable materials, or mixtures, combinations, copolymers thereof, polymer/metal composites, and the like. In some embodiments the sheath can be blended with a liquid crystal polymer (LCP). For example, the mixture can contain up

to about 6 percent LCP.

**[0054]** Some examples of suitable metals and metal alloys include stainless steel, such as 304V, 304L, and 316LV stainless steel; mild steel; nickel-titanium alloy such as linear-elastic and/or super-elastic nitinol; other nickel alloys such as nickel-chromium-molybdenum alloys (e.g., UNS: N06625 such as INCONEL<sup>®</sup> 625, UNS: N06022 such as HASTELLOY<sup>®</sup> C-22<sup>®</sup>, UNS: N10276 such as HASTELLOY<sup>®</sup> C276<sup>®</sup>, other HASTELLOY<sup>®</sup> alloys, and the like), nickel-copper alloys (e.g., UNS: N04400 such as MONEL<sup>®</sup> 400, NICKELVAC<sup>®</sup> 400, NICORROS<sup>®</sup> 400, and the like), nickel-cobalt-chromium-molybdenum alloys (e.g., UNS: R30035 such as MP35-N<sup>®</sup> and the like), nickel-molybdenum alloys (e.g., UNS: N10665 such as HASTELLOY<sup>®</sup> ALLOY B2<sup>®</sup>), other nickel-chromium alloys, other nickel-molybdenum alloys, other nickel-cobalt alloys, other nickel-iron alloys, other nickel-copper alloys, other nickel-tungsten or tungsten alloys, and the like; cobalt-chromium alloys; cobalt-chromium-molybdenum alloys (e.g., UNS: R30003 such as ELGILOY<sup>®</sup>, PHYNOX<sup>®</sup>, and the like); platinum enriched stainless steel; titanium; combinations thereof; and the like; or any other suitable material.

**[0055]** In at least some embodiments, portions or all of guidewire 10 may also be doped with, made of, or otherwise include a radiopaque material. Radiopaque materials are understood to be materials capable of producing a relatively bright image on a fluoroscopy screen or another imaging technique during a medical procedure. This relatively bright image aids the user of the guidewire 10 in determining its location. Some examples of radiopaque materials can include, but are not limited to, gold, platinum, palladium, tantalum, tungsten alloy, polymer material loaded with a radiopaque filler, and the like. Additionally, other radiopaque marker bands and/or coils may also be incorporated into the design of the guidewire 10 to achieve the same result.

**[0056]** In some embodiments, a degree of Magnetic Resonance Imaging (MRI) compatibility is imparted into the guidewire 10. For example, the guidewire 10, or portions thereof, may be made of a material that does not substantially distort the image and create substantial artifacts (e.g., gaps in the image). Certain ferromagnetic materials, for example, may not be suitable because they may create artifacts in an MRI image. The guidewire 10, or portions thereof, may also be made from a material that the MRI machine can image. Some materials that exhibit these characteristics include, for example, tungsten, cobalt-chromium-molybdenum alloys (e.g., UNS: R30003 such as ELGILOY<sup>®</sup>, PHYNOX<sup>®</sup>, and the like), nickel-cobalt-chromium-molybdenum alloys (e.g., UNS: R30035 such as MP35-N<sup>®</sup> and the like), nitinol, and the like, and others.

**[0057]** It should be understood that this disclosure is, in many respects, only illustrative. Changes may be made in details, particularly in matters of shape, size, and arrangement of steps without exceeding the scope of the disclosure. This may include, to the extent that it

is appropriate, the use of any of the features of one example embodiment being used in other embodiments. The invention's scope is, of course, defined in the language in which the appended claims are expressed.

### Claims

1. A system (100) for determining fractional flow reserve, the system comprising:
  - a pressure sensing guidewire (10) for measuring a first pressure;
  - a second pressure sensing medical device (74) for measuring a second pressure;
  - a processor (88) coupled to the pressure sensing guidewire and coupled to the second pressure sensing medical device; and
  - wherein the processor is designed to:
    - generate a plot of the magnitude of the second pressure over time, and **characterised in that** the processor is further designed to:
      - identify one or more time intervals of the plot that have a slope less than zero,
      - determine a mean of the second pressure, and
      - calculate the ratio of the first pressure to the second pressure when (a) the second pressure is less than or equal to the mean of the second pressure and (b) during the one or more time intervals when the slope of the plot is less than zero.
2. The system of claim 1, wherein the pressure sensing guidewire includes an optical pressure sensor.
3. The system of any one of claims 1-2, wherein the pressure sensing guidewire includes a tubular member (12) having a proximal region (14) with a first inner diameter and a distal region (16) with a second inner diameter different from the first inner diameter.
4. The system of any one of claims 1-3, wherein the second pressure sensing medical device includes a catheter with a pressure sensor.
5. The system of any one of claims 1-4, wherein the first pressure, the second pressure, or both are wirelessly transmitted to the processor.
6. The system of any one of claims 1-5, wherein the processor is designed to calculate the ratio of the first pressure to the second pressure in the absence of a hyperemic agent.
7. The system of any one of claims 1-6, wherein the processor is coupled to a display (90).

8. The system of claim 7, wherein the display is designed to display the plot.
9. The system of any one of claims 1-8, wherein:
  - the first pressure is a distal pressure at a location distal of a lesion;
  - the second pressure sensing medical device is a pressure sensing catheter and the second pressure is an aortic pressure.

10. The system of claim 9, wherein the processor is designed to scale the mean aortic pressure by a scaling factor in the range of 0.75 to 1.25.
11. The system of any one of claims 9-10, wherein the processor is designed to reject time intervals when the aortic pressure is less than a pressure lower bound.

### Patentansprüche

1. System (100) zum Bestimmen einer fraktionierten Flussreserve, wobei das System aufweist:
  - einen druckerfassenden Führungsdraht (10) zum Messen eines ersten Drucks;
  - eine zweite druckerfassende medizinische Vorrichtung (74) zum Messen eines zweiten Drucks; und
  - einen Prozessor (88), der mit dem druckerfassenden Führungsdraht und mit der zweiten druckerfassenden medizinischen Vorrichtung verbunden ist,
 wobei der Prozessor dazu eingerichtet ist:
  - ein Diagramm der Größe des zweiten Drucks über die Zeit zu erzeugen, **dadurch gekennzeichnet, dass** der Prozessor ferner dazu eingerichtet ist:
    - ein oder mehrere Zeitintervalle des Diagramms zu identifizieren, die eine Steigung von weniger als Null aufweisen,
    - einen Mittelwert des zweiten Drucks zu bestimmen, und
    - das Verhältnis zwischen dem ersten Druck und dem zweiten Druck zu berechnen, wenn (a) der zweite Druck kleiner oder gleich dem Mittelwert des zweiten Drucks ist, und (b) während des einen oder der mehreren Zeitintervalle, wenn die Steigung des Diagramms kleiner als Null ist.
2. System nach Anspruch 1, wobei der druckerfassende

- de Führungsdraht einen optischen Drucksensor aufweist.
3. System nach Anspruch 1 oder 2, wobei der druckerfassende Führungsdraht ein rohrförmiges Element (12) aufweist, das einen proximalen Bereich (14) mit einem ersten Innendurchmesser und einen distalen Bereich (16) mit einem vom ersten Innendurchmesser verschiedenen zweiten Innendurchmesser aufweist.
4. System nach einem der Ansprüche 1 bis 3, wobei die zweite druckerfassende medizinische Vorrichtung einen Katheter mit einem Drucksensor aufweist.
5. System nach einem der Ansprüche 1 bis 4, wobei der erste Druck und/oder der zweite Druck drahtlos an den Prozessor übertragen werden.
6. System nach einem der Ansprüche 1 bis 5, wobei der Prozessor dazu eingerichtet ist, das Verhältnis zwischen dem ersten Druck und dem zweiten Druck in Abwesenheit eines Hyperämie Mittels zu berechnen.
7. System nach einem der Ansprüche 1 bis 6, wobei der Prozessor mit einer Anzeige (90) verbunden ist.
8. System nach Anspruch 7, wobei die Anzeige dazu eingerichtet ist, das Diagramm anzuzeigen.
9. System nach einem der Ansprüche 1 bis 8, wobei:
- der erste Druck ein distaler Druck an einer Stelle distal von einer Läsion ist, und die zweite druckerfassende medizinische Vorrichtung ein druckerfassender Katheter ist und der zweite Druck ein Aortendruck ist.
10. System nach Anspruch 9, wobei der Prozessor dazu eingerichtet ist, den mittleren Aortendruck durch einen Skalierungsfaktor im Bereich von 0,75 bis 1,25 zu skalieren.
11. System nach Anspruch 9 oder 10, wobei der Prozessor dazu eingerichtet ist, Zeitintervalle zurückzuweisen, in denen der Aortendruck kleiner als ein unterer Druckgrenzwert ist.
- Revendications**
1. Système (100) pour déterminer une réserve d'écoulement fractionnel, le système comprenant :
- un fil de guidage détecteur de pression (10) pour mesurer une première pression ;
- un second dispositif médical détecteur de pression (74) pour mesurer une seconde pression ; un processeur (88) couplé au fil de guidage détecteur de pression et couplé au second dispositif médical détecteur de pression ; et dans lequel le processeur est conçu pour : produire un tracé de l'amplitude de la seconde pression au cours du temps, et **caractérisé en ce que** le processeur est de plus conçu pour : identifier un ou plusieurs intervalles de temps du tracé qui présentent une pente inférieure à zéro, déterminer une moyenne de la seconde pression, et calculer le rapport de la première pression à la seconde pression lorsque (a) la seconde pression est inférieure ou égale à la moyenne de la seconde pression et (b) pendant les un ou plusieurs intervalles de temps lorsque la pente du tracé est inférieure à zéro.
2. Système selon la revendication 1, dans lequel le fil de guidage détecteur de pression inclut un capteur de pression optique.
3. Système selon l'une quelconque des revendications 1-2, dans lequel le fil de guidage détecteur de pression inclut un élément tubulaire (12) ayant une région proximale (14) avec un premier diamètre interne et une région distale (16) avec un second diamètre interne différent du premier diamètre interne.
4. Système selon l'une quelconque des revendications 1-3, dans lequel le second dispositif médical détecteur de pression inclut un cathéter avec un détecteur de pression.
5. Système selon l'une quelconque des revendications 1-4, dans lequel la première pression, la seconde pression, ou les deux sont transmises sans fil au processeur.
6. Système selon l'une quelconque des revendications 1-5, dans lequel le processeur est conçu pour calculer le rapport de la première pression à la seconde pression en l'absence d'un agent hyperémique.
7. Système selon l'une quelconque des revendications 1-6, dans lequel le processeur est couplé à un affichage (90).
8. Système selon la revendication 7, dans lequel l'affichage est conçu pour afficher le tracé.
9. Système selon l'une quelconque des revendications 1-8, dans lequel :

la première pression est une pression distale à un endroit distal d'une lésion ;  
le second dispositif médical détecteur de pression est un cathéter détecteur de pression et la seconde pression est une pression aortique.

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10. Système selon la revendication 9, dans lequel le processeur est conçu pour mettre à l'échelle la pression aortique moyenne par un facteur d'échelle dans l'intervalle de 0,75 à 1,25.

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11. Système selon l'une quelconque des revendications 9-10, dans lequel le processeur est conçu pour rejeter des intervalles de temps lorsque la pression aortique est inférieure à une limite inférieure de pression.

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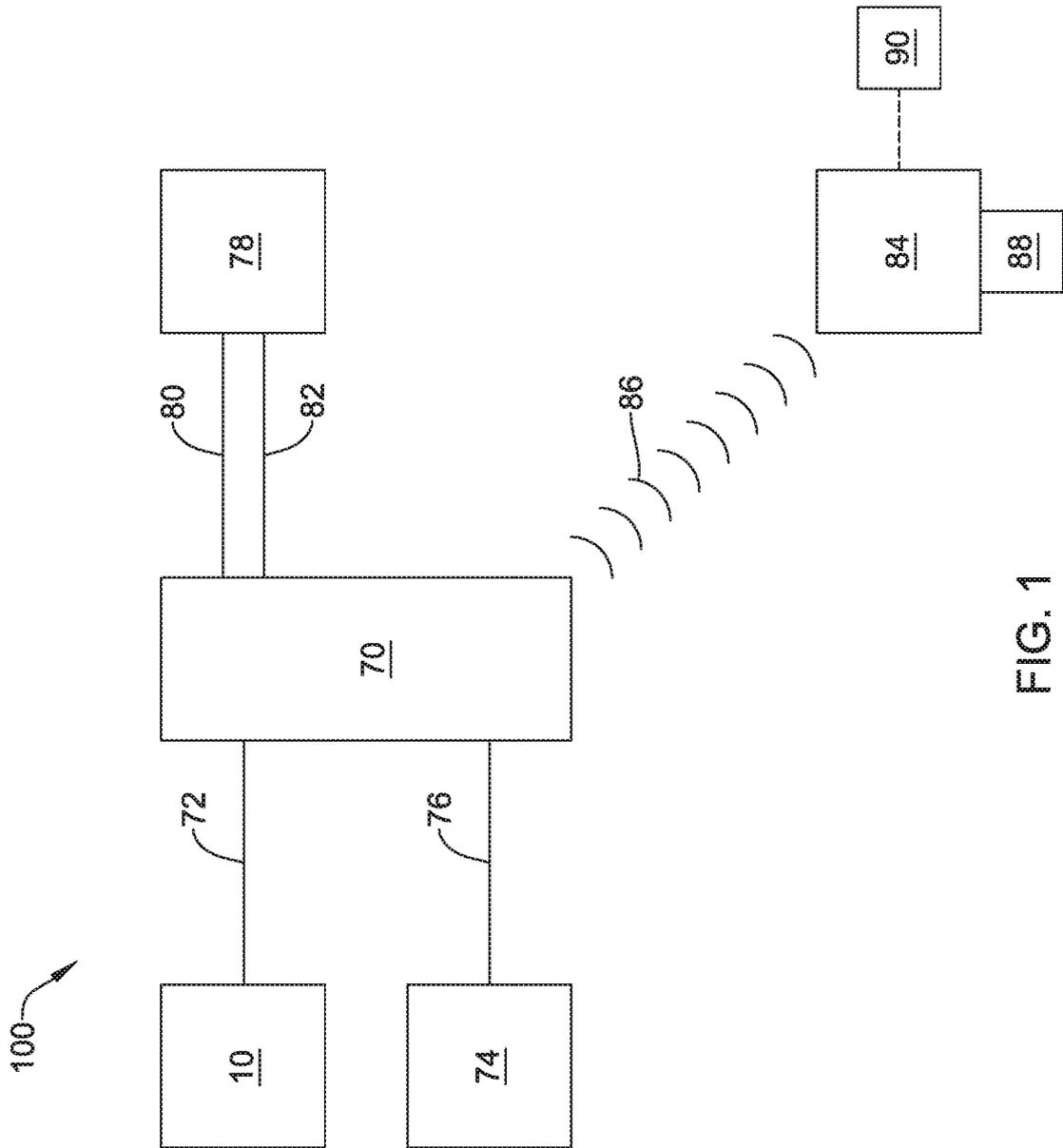


FIG. 1

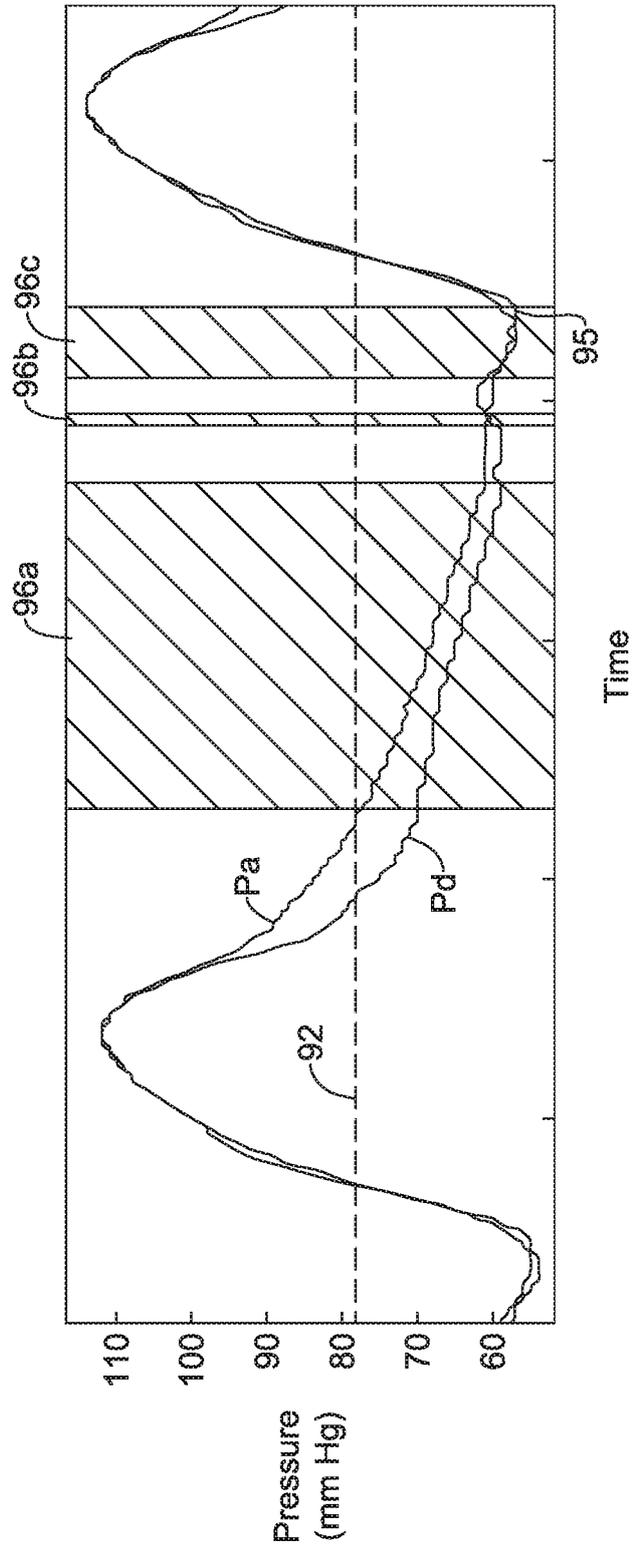


FIG. 2

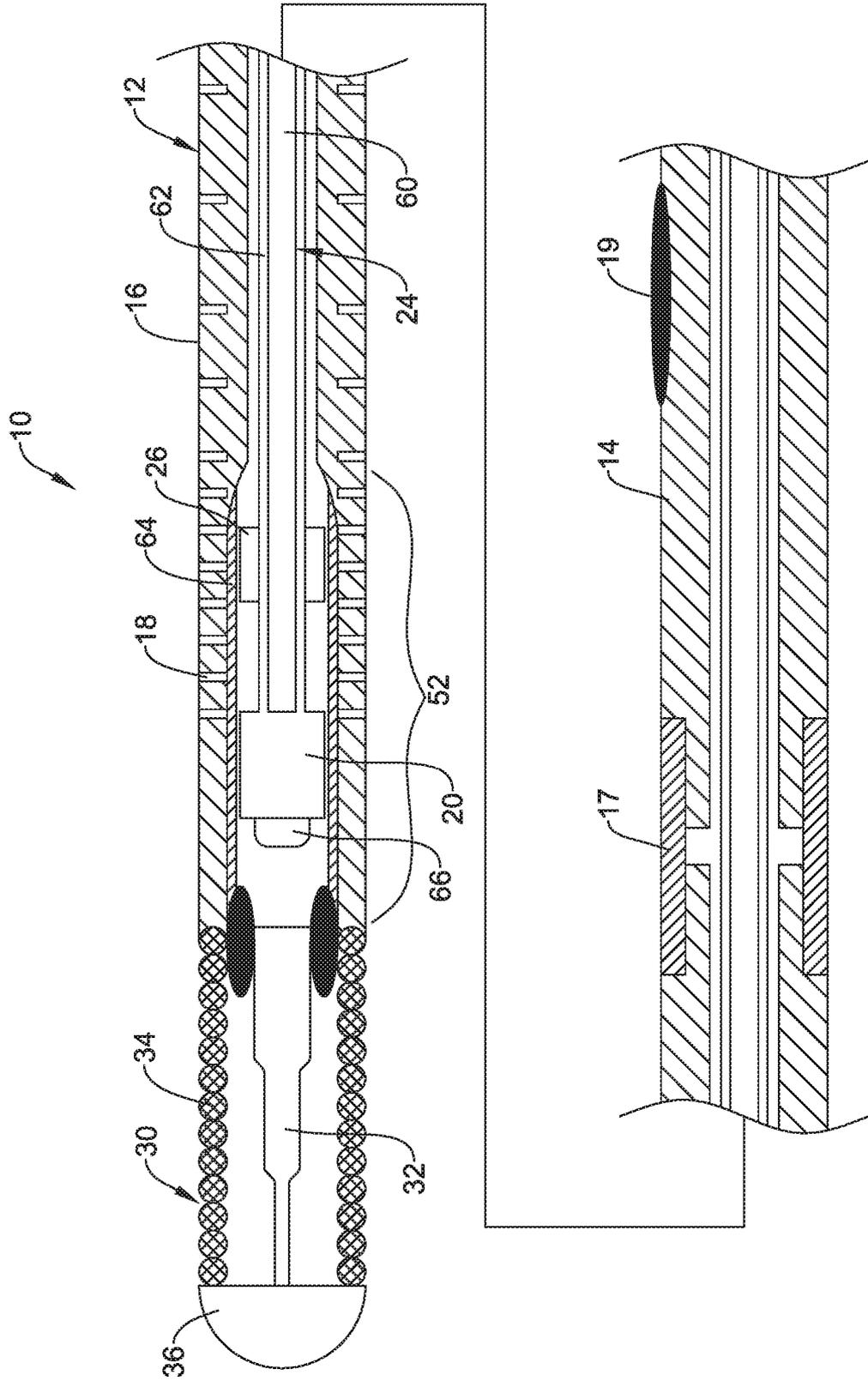


FIG. 3

**REFERENCES CITED IN THE DESCRIPTION**

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